

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1280237

FILING DATE

APPLICANT(S)

4-4-08 6-21-08 3-25-09 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17		1		1		1
18	1		1		1	
19		1		1		1
20		1		1		1
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25		1		1		1
26		1		1		1
27		1		1		1
28		1		1		1
29		1		1		1
30		1		1		1
31		1		1		1
32		1		1		1
33		1		1		1
34		1		1		1
35		1		1		1
36		1		1		1
37	1		1		1	
38		1		1		1
39		1		1		1
40		1		1		1
41		1		1		1
42	1		1		1	
43		1		1		1
44		1		1		1
45		1		1		1
46		1		1		1
47	1					
48		1				
49						
50						
TOTAL IND.	5		4		4	
TOTAL DEP.	10		10		10	
TOTAL CLAIMS	15		14		14	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS